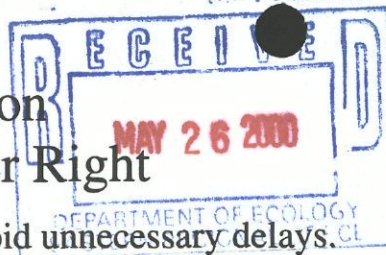




State of Washington
Application for a Water Right



For Ecology Use

Fee Paid \$100.00

Date 5-26-2000

Please follow the attached instructions to avoid unnecessary delays.

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name CITY OF COLVILLE Home Tel: () -
Mailing Address 170 S OAK Work Tel: (509) 684 - 2244
City COLVILLE State WA Zip+4 99114 + FAX: (509) 684 - 1130

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name MARK FREIBERGER Home Tel: () -
Mailing Address 170 S OAK Work Tel: (509) 684 - 2244
City COLVILLE State WA Zip+4 99114 + FAX: (509) 684 - 1130
Relationship to applicant CITY ENGINEER

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 1500 (☒ gallons per minute or
☐ cubic feet per second) from a ☐ surface water source or ☐ ground water source (check only one) for the purpose(s)
of MUNICIPAL WATER SUPPLY FOR AREA SERVED BY CITY OF COLVILLE WTR SYSTM ATTACH A "LEGAL"
DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not
sufficient.

Estimate a maximum annual quantity to be used in acre-foot per year: 360 AC. FT.

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From ___/___/___ to ___/___/___

Section 4. WATER SOURCE

If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for <u>**</u> well(s). ** SEVEN EXISTING WELLS PLUS AN UNDETERMINED NUMBER OF FUTURE WELLS. SEE ATTACHED DESCRIPTION.
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): SEE EXISTING WELL LOGS. SIZE AND DEPTH OF POTENTIAL FUTURE WELLS UNKNOWN.

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:

REFER TO ATTACHED LIST.

1/4 of	1/4 of	Section	Township	Range (E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision

For Ecology Use Date Received: 5-26-2000 Priority Date: 5-26-2000

SEPA: Exempt/Not Exempt FERC License # Dept. Of Health #

Date Accepted As Complete 12-7-2000 By K.S. Date Returned By WRIA: 59

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: CITY OF COLVILLE
- B. Briefly describe your proposed water system. (See instructions.) THIS APPLICATION IS BEING MADE FOR ADDITIONAL WATER RIGHTS TO SUPPLEMENT THOSE CURRENTLY HELD BY THE CITY. THE WATER PUMPED UNDER THE NEW RIGHT WOULD BE WITHDRAWN FROM THE CITY'S EXISTING WELLS AS WELL AS POTENTIAL FUTURE WELLS. REFER TO THE ATTACHED LIST. WELL LOGS AND WATER RIGHTS FOR THE EXISTING WELLS ARE ATTACHED. THE DIAMETER, SIZING OF PUMPING EQUIPMENT, ETC., FOR ANY NEW WELLS THE CITY MAY DRILL ARE DEPENDENT ON AQUIFER CHARACTERISTICS WHICH ARE NOT YET KNOWN.
- C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO
PROVIDE DOCUMENTATION.

Section 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 2010 CURRENT Type of connection RESIDENTIAL, COMMERICAL
2600 20 YR PROJECTED (Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? WE ARE THE WATER SYSTEM. ☐ YES ☐ NO
If yes, explain why you are unable to connect to the system. *Note: Regional water systems are identified by your County Health Department.*

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☒ YES ☐ NO
If yes, when was it approved? 1999 Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? PART OF WSP ☒ YES ☐ NO
If yes, when was it approved? 1999 Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Completed for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: _____
- B. List total number of acres for other specified agricultural uses:
Use _____ Acres _____
Use _____ Acres _____
Use _____ Acres _____
- C. Total number of acres to be covered by this application: _____
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
Add up the acreage in which you have a controlling interest, including only:
‡ Acreage irrigated under water rights acquired after December 8, 1977;
‡ Acreage proposed to be irrigated under this application;
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 2000 acres? ☐ YES ☐ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO
If yes, enter permit no.: _____
- E. Farm uses:
Stockwater - Total # of animals _____ Animal Type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

APPLICATION

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ^{THE CITY HAS 3 EXISTING} RESERVOIRS ☒ YES ☐ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

THE POINTS OF DIVERSION AND PLACE OF USE ARE THROUGHOUT THE CITY OF COLVILLE WHICH IS LOCATED ON HWY 395 APPROXIMATELY 70 MILES NORTH OF SPOKANE. SEE ATTACHED MAP.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☐ YES ☒ NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

THE CITY IS THE WATER PURVEYOR

B. Does the applicant own the land on which the water source is located? ☒ YES ☐ NO
If no, submit a copy of agreement:

THE CITY OWNS THE CURRENT WELL SITES. POTENTIAL FUTURE WELL SITES WILL BE PURCHASED BY THE CITY.

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

City of Colville by Sharon E. Hansen
Applicant (or authorized representative)

5-24-00
Date

CITY OF COLVILLE
Landowner for place of use (if same as applicant, write "same")

5-24-00
Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ _____ (date).	

Ecology staff _____ Date _____

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).